

“Breaking the Silence” TOOL KIT

A “how to” guide to bring mental illness education to schools in your community



**A School Outreach Project
to promote the use of the
BREAKING THE SILENCE educational materials**

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INTRODUCTION

The “Breaking the Silence” educational package (BTS) was developed to encourage teachers to combat the myths and misinformation about mental illness which are so deeply imbedded in our culture. Since the first edition was published in 1999 advocates like you have enthusiastically embraced BTS, as you have each subsequent edition, because you know it teaches students what they need to know: the warning signs of mental illness; that mental illnesses are treatable brain disorders; and the importance of fighting stigma. Teachers too share these goals and have given BTS high marks in changing perceptions about mental illness and presenting information in an interesting, easy to understand format.

THIS GUIDE GIVES YOU THE TOOLS FOR SUCCESSFUL SCHOOL OUTREACH

Many advocates have said they share our enthusiasm for promoting mental illness education, but don't know where to begin. Others have had some success in approaching local schools, but want to be even more successful. This free Tool Kit is for all advocates and includes:

- Background on BTS
- Rationale for mental illness education
- Practical information about how to organize and fund your project
- How to enlist and train volunteers
- Materials documenting the success of BTS

THE TOOL KIT IS NOT INTENDED FOR CLASSROOM USE

Don't be confused. The information included in the Tool Kit is intended solely for advocates to use in making the case for mental illness education. It was never intended that the guide be used as background reading for the classroom teacher or as an adjunct to our educational package. Its sole purpose is to help you in promoting the use of BTS in your community schools.

We hope you will find this Tool Kit helpful. We encourage you to use our website to share your successes with it and, yes, your failures too so we can all learn from one another. Use our website, www.btslessonplans.org, to contact us via email or the listserv with your comments or concerns.

Good luck! Together we can get mental illness education where it belongs—in every classroom.

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OVERVIEW

BTS BACKGROUND

NAMI MISSION AND HISTORY

“NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.” NAMI website

The National Alliance for the Mentally Ill (NAMI) is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders.

Founded in 1979, NAMI has more than 220,000 members who seek equitable services for people with severe mental illnesses, which are known to be biological brain disorders. Working on the national, state, and local levels, NAMI provides education about severe brain disorders, supports increased funding for research, and advocates for adequate health insurance, housing, rehabilitation, and jobs for people with serious psychiatric illnesses.

The growth of our local NAMI chapter parallels the growth of NAMI on the national level. Three families in affiliation with LIJ/Hillside Hospital founded NAMI Queens/Nassau in 1980. Since then our membership has grown to 600+ families, and we are the second largest NAMI affiliate out of 55 in New York State.

BTS DEVELOPED AS PART OF NAMI "CAMPAIGN TO END DISCRIMINATION"

- In 1991 three veteran teachers who are also mothers of children with a serious mental illness, conceived of the idea of developing lesson plans to teach students about serious mental illness. Janet Susin, a teacher and mother of a mentally ill son, initiated the project and chaired the NAMI-NYS committee that wrote the lesson plans. Working with committee members Lorraine Kaplan and Louise Slater they created lessons that grew out of their personal experience both as parents and teachers.
- As parents they saw the devastating impact that ignorance and stigma had on their children's lives and as teachers they saw first hand the pain young people with mental illness suffer when they are taunted and ridiculed by classmates. They hoped to create greater tolerance for all children with mental illness and to encourage them to seek help and early treatment.
- Originally called "Shhh....Lessons on Mental Illness" they were first printed and distributed with support from NAMI (National Alliance for the Mentally Ill) as well as NAMI-New York State and our own affiliate, NAMI Queens/Nassau. When NAMI launched its five-year Campaign to End Discrimination they turned to us to further develop our educational materials.

- "Breaking the Silence: Teaching the Next Generation About Mental Illness" was published in 1999. Since its inception the project has captured the imagination of NAMI chapters around the country who have promoted our lesson plans in their states. It was our hope that by providing teachers with attractive, user-friendly materials they would be used to help break the cycle of ignorance and stigma.

DISTRIBUTION OF BTS

- BTS continues to receive accolades from teachers, mental health professionals and other advocates. We have received orders both large and small from 43 states, as well as parts of Canada, Japan, Armenia, Ireland, Australia and the Virgin Islands.
- Since NAMI Queens Nassau (Q/N) took over distribution in 2001 we have received orders from 73 NAMI affiliates and states. Others ordered them earlier through NAMI-NYS.
- Many chapters and affiliates received the original version of BTS through a free distribution funded by NAMI in 1999.
- Orders received by BTS include the following:
 - ✓ School staff including teachers, psychologists, social workers, guidance counselors, school nurses, and administrators
 - ✓ Mental Health advocacy groups
 - ✓ State and local governmental agencies
 - ✓ Faith based organizations

(For more background information on BTS including partnerships, funding, awards, promotion, outreach, and presentations see Appendix)

STEPS TO SUCCESS

1. CHOOSE A PROJECT DIRECTOR

This is the person who will get your school outreach project off the ground and continue to play a leadership role as the project evolves.

2. ESTABLISH A COMMITTEE

Recruit volunteers to work with the project director or committee chair. Possible volunteers include:

- NAMI members
- Educators
- People with mental illness (consumers)
- Parents with school age children
- Community leaders
- Nurses, social workers, psychologists and psychiatrists
- High school and graduate students (many can get school credit for volunteer work)

(Refer to p.13, "Reaching Beyond NAMI for Volunteer Educators")

3. SEEK OUT PARTNERSHIPS AND FUNDING OPPORTUNITIES THROUGH WORKING WITH OTHER ORGANIZATIONS

Potential allies are everywhere!

- State and county mental health departments
- Local hospitals
- Mental health agencies
- Mental Health Association
- Organizations committed to suicide prevention
- School organizations
- Civic groups
- Colleges and universities
- Foundations
- Local businesses
- Pharmaceutical companies
- Local legislators

4. FIND PARENT VOLUNTEERS, SIBLINGS, AND PEOPLE WITH MENTAL ILLNESS TO TELL THEIR STORIES

Put a human face on mental illness.

- Organize a speaker's bureau
- Train consumer speakers (people with mental illness) through NAMI's "In Our Own Voice"
- Make use of NAMI and other mental health advocacy groups
- Network with other community organizations to find speakers

5. LOOK FOR OPPORTUNITIES TO PUBLICIZE YOUR PROJECT

Make use of local, state and national events to promote awareness of BTS.

- Submit a press release to your local paper on BTS (*sample in Appendix, pp.44-45*)
- Offer to write an article for a newsletter
- Write an editorial for your local paper
- Connect the need for mental illness education to community issues and current events
- Present and exhibit BTS at conferences, conventions and seminars
- Use Mental Illness Awareness Week (first week in October) and Mental Health Month (May) as a hook for stories on BTS
- Use what is happening in your hometown--homelessness, drug and alcohol problems, stigma, and high profile suicides to get media attention
- Publicize awards
- Use relevant personal profiles to introduce BTS to your community

"We must become the change we want to see." Mahatma Gandhi

WHY TEACH ABOUT MENTAL ILLNESS

TALKING POINTS

- **Mental illness is second only to heart disease as the leading cause of disability in this country and worldwide.** ("Global Burden of Disease Study", conducted by the World Health Organization, World Bank, and Harvard, 1990.) Yet there is a deafening silence about it in our schools. Students in health classes learn about drug and alcohol abuse, cancer prevention, and how a healthy lifestyle can prevent cardiovascular disease, asthma, diabetes, and other illnesses. Many graduate from high school without ever having had one lesson on mental illness.
- **1 in 10 young Americans suffer from some sort of mental health problem, but only 20% are getting treatment for it.** (Surgeon General's Report, January 2001) The report underscored the urgent need to deal with the crisis of mental illness affecting so many children and adolescents. Dr. Satcher stressed the importance of education, especially promoting public awareness and reducing stigma. Most mental illnesses respond to treatment.
- **More than 50% of people with mental illness use drugs and alcohol as a form of self medication.** Teaching students the warning signs of mental illness and encouraging them to seek treatment can reduce the incidence of these problems.
- **Suicide is the third leading cause of death amongst young people ages 15-24.** At least 90% of those who commit suicide have a diagnosable mental illness. Learning about mental illness and the importance of seeking treatment can save lives.
- **Inclusion and mainstreaming are becoming increasingly more prevalent in today's classrooms.** That is why it is all the more important to build tolerance and understanding.
- **Stigma has a significant impact on behavior and opportunities.** Shame, guilt, and fear make people hide their symptoms and people with severe mental illness tend to be devalued in our culture.
 - ✓ Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment.
 - ✓ Access to mental health insurance coverage is limited.
 - ✓ Services, housing, and employment for people with mental illness are inadequate.

- ✓ Less money is spent on research for mental illness than other major diseases.
- ✓ People with mental illness are often feared and mistrusted. But they are more likely to be victims of violence themselves than perpetrate it.
- ✓ Family relationships become strained. There is a high divorce rate.
- ✓ Siblings often feel survivor's guilt and/or anger. They are afraid of contracting the disorder and worry about becoming a caretaker later in life.

WHY USE "BREAKING THE SILENCE" TO TEACH ABOUT MENTAL ILLNESS

- BTS is unique. There is no other teaching package that covers a range of serious mental illnesses.
- The packet contains lessons, posters, games, and follow-up activities with cross-curricular ties, definitions, annotated book list, and recommended sources.
- The lessons are fully scripted and easy to use. No prior knowledge is required.
- They are interactive and promote stimulating class discussions.
- Teachers have the opportunity to be creative in teaching a challenging subject.

Key points in lesson plan package

- Mental illness is not a character flaw, it is a brain disorder
- Mental illness has never been more treatable (medication, therapy, support)
- Warning signs of mental illness
- How to fight the stigma that surrounds mental illness

BTS puts a human face on mental illness and encourages action

- Presents sympathetic portraits of young people who have had their lives thrown tragically off course by mental illness and encourages students to empathize with their situation.
- Models destigmatizing behavior and asks students to practice these positive attitudes through follow-up activities and games.

Plans meet health education standards

- Fulfill the National Health Education Standards which are the basis for state health education standards.
- Meet state legislative requirements to teach character education and tolerance.

Why BTS lessons emphasize schizophrenia

- Most stigmatized of all mental illnesses because of link with psychosis and violence. (Surgeon General's report)
- Most misunderstood of the mental illnesses and least likely to be taught in health classes.
- Affects one person in a hundred. 3/4 become ill between the ages of 15 and 25.
- Early treatment leads to a better outcome.

Our material is highly rated by teachers. They have consistently rated BTS 4 or 5 on a scale of 1-5 as being effective or very effective in teaching students about mental illness and dispelling myths and stereotypes.

"When we do the best we can, we never know what miracle is wrought in our life, or the life of another." Helen Keller

VOLUNTEERS

REACHING BEYOND NAMI FOR VOLUNTEER EDUCATORS

People who naturally gravitate to this project are teachers, currently teaching or retired, other school personnel, and parents with school age children. But you need not limit yourself to volunteers who have mental illness in their family. Retired teachers and administrators, who are looking for something of value to do in retirement, have proved that with training they can be enthusiastic and capable advocates. Articulate and experienced professionals, they are comfortable speaking before groups and know how to navigate the educational system.

WHERE TO FIND VOLUNTEERS

1. Contact your local school district to get help in locating the Retired Teachers Association.
 - Call the president and/or program chair to introduce BTS and explain the retired teacher volunteer program.
 - Ask to be a guest speaker at their next meeting.
 - Suggest writing an article for their newsletter.
2. The following websites list retired teacher associations:
 - www.nctr.org
 - www.aarp.org/nrta
3. Seek out other retired educators who may be potential BTS volunteers: school nurses, psychologists, social workers, administrators and guidance counselors.
4. Contact other community groups such as:
 - Alumni Associations
 - Faith Based Organizations
 - Rotary
 - Chamber of Commerce
5. Advertise for volunteers in your local newsletters, journals and newspapers.
6. Place an article or ad in a teachers' union newsletter or newspaper.

*"I not only use the brains that I have, but all that I can borrow."
Woodrow Wilson*

TRAINING VOLUNTEERS

1. Schedule training sessions (allow 2 hours)
2. Plan on two or more meetings
3. Have the following ready for distribution
 - Copies of the Participants Guide section from the Tool Kit
 - "Breaking the Silence" brochures. Available free from NAMI Queens/Nassau
 - Sample lesson plans
 - Brochures about your organization
 - Brochures about mental illness
 - NAMI Brochures

Session One:

1. Introduce your participants; make use of any connections or affiliations.
2. Give an overview of the project and how BTS got started.
3. Share personal stories of experiences with stigma.
4. Discuss impact of stigma on people's lives.
5. Give an overview of the lessons reading pertinent passages from the stories and follow-up questions.
6. Review your state's health education standards.
7. Ask participants to read all materials before the next meeting.
8. Be familiar with the language that schools and teachers use.

Session Two:

1. Discuss reactions to the materials distributed at the last meeting.
2. Review suggested ideas for initial phone contact. (*pp.17-18, Tips for Successful School Outreach, pp.21-22, Facing the Challenges*)
3. Role-play a phone call. Evaluate and discuss.
4. Review suggestions for school meeting. (*pp.17-18, Tips for Successful School Outreach, pp.21-22, Facing the Challenges*)
5. Role-play a meeting. Evaluate and discuss.
6. Fill out "Post Training Evaluation" and mail to NAMI Q/N
7. Organize for outreach
 - Assign volunteers to specific districts, taking into account travel time and individual requests.
 - Suggest volunteers approach 4 districts to start, depending on time and availability.
 - Consider teams of 2 for initial outreach.
 - Ask volunteers to keep a record using the *School Outreach Form* (p.33)
8. Follow up by contacting all outreach volunteers; discuss results of their efforts; assign new districts to contact.

"We must become the change we want to see." Mahatma Gandhi

PREPARING FOR OUTREACH

GETTING READY TO VISIT SCHOOLS

DO YOUR HOMEWORK:

- Study the Tool kit. Particularly review “Why Teach about Mental Illness”, pp. 9-11.
- Familiarize yourself with the lessons. Practice reading the stories.
- Know what's in each lesson and why it's there.
- Obtain county school directories.
- Find out what the Health Education Standards are in your state by contacting your State Department of Education. They will very likely mirror the National Health Education Standards below. The BTS brochure highlights some of the standards that support mental illness education.
- Know what topics your school is interested in. What is their focus?

National Health Education Standards

1. Students will comprehend concepts related to health promotion and disease prevention.
2. Students will demonstrate the ability to access valid health information and health promoting products and services.
3. Student will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
4. Students will analyze the influence of culture, media, technology, and other factors in health.
5. Students will demonstrate the ability to use interpersonal communication skills to enhance a healthy environment.
6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.
7. Students will demonstrate the ability to advocate for personal, family, and community health.

"The man who moves the mountain begins by carrying away small stones". Chinese Proverb

TIPS FOR SUCCESSFUL SCHOOL OUTREACH

KNOW YOUR LOCAL SCHOOL DISTRICT

- Attend PTA meetings
- Attend town/city education or budget meetings
- Speak with local officials and find out what is going on in the schools.

LOCATE THE TEACHER RESPONSIBLE FOR HEALTH EDUCATION

Be aware that each district is unique in its organizational structure. If unsuccessful with the health teacher move on to administrators, superintendents, school social workers, guidance counselors and psychologists. Whoever teaches health can implement BTS.

- Call the school and ask who teaches health education. This may be your most direct route to getting this information. Use a copy of the county school directory to get phone numbers.
- On the elementary level the classroom teacher is generally responsible for teaching health. To get your foot in the door try to get a meeting with the following school personnel in this order:
 - Elementary school health coordinator
 - Principal
 - Psychologist
 - Social worker
 - Nurse
 - Guidance Counselor
- In our experience the lower you go on the bureaucratic chain the more successful you will be. Initially, do not try to get permission from superintendents and school boards unless you are told to do so.

MAKE TELEPHONE CONTACT

- Identify yourself as a representative of NAMI. Tell them you'd like to meet and talk to them about our "Breaking the Silence" education project. Assure them it will just take 15 minutes of their time.
- If they won't agree to meet offer to send them a brochure. Include a brief letter with your contact information.
- Follow up with a second phone call after they have received the brochure and try to set up a meeting.

Principals and administrators are always in need of topics and presenters for mandatory staff development meetings. Offer to present BTS at one of these meetings.

PITCHES THAT WORK

- *I have material that will affect 5 students in each of your classes at some point in their lives.*
- *The plans are innovative, easy to use and include posters, games and activities to make class discussions lively and informative.*
- *BTS meets national health education standards and the requirements for the NYS S.A.V.E. (Schools Against Violence in Education) legislation character development mandate that requires teachers to incorporate teaching tolerance and civility. (Check your own state regulations)*

THE INITIAL MEETING

- Be prepared to spend about 15 minutes. The meeting is usually an informal one-on-one discussion. Keep in mind that everyone's style varies. Be yourself. If you are more comfortable with an outline, bring notes. The more meetings you have, the more familiar you will be with your own style and the material. Refer to the Tool Kit and organize your dialogue mentally or on paper:
 - NAMI "Mission & History"
 - History of BTS
 - Why mental illness education; statistics, stigma, and treatment
(pp.9-11, Why Teach about Mental Illness)
 - Why BTS: key points about lesson plan package
- Come prepared with extra brochures and a set of lesson plans
- Consider offering to send a certificate or award to those schools that adopt the lessons.
- Offer to present BTS at a district or staff meeting.

POST CONTACT

- Follow up each visit with a phone call or written thank you note
- Fill out BTS Outreach Forms.

WHO TO APPROACH OUTSIDE THE SCHOOLS

- Colleges and Universities *(p.24, Approaching Local Colleges and Universities)*
- State and County Departments of Education
- National, state and local health education conferences and conventions
- National, state and local conferences for school social workers, psychologists, guidance counselors and nurses
- Mental health programs for teens
- Religious institutions

"You can't build a reputation on what you are going to do." Henry Ford

ABOUT MENTAL ILLNESS

EDUCATE YOURSELF ABOUT MENTAL ILLNESS

No one expects you to know everything, but be prepared to answer basic questions about mental illness. The information below should prove helpful.

From the NAMI Website 2003

Mental illnesses include such disorders as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, borderline personality disorder, and other severe and persistent mental illnesses that affect the brain.

These disorders can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others and capacity for coping with the demands of everyday life.

Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing.

Mental illnesses are treatable. Most people with serious mental illness need medication to help control symptoms, but also rely on supportive counseling, self-help groups, assistance with housing, vocational rehabilitation, income assistance and other community services in order to achieve their highest level of recovery.

Here are some important facts about mental illness and recovery:

- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.
- Mental disorders fall along a continuum of severity. The most serious and disabling conditions affect five to ten million adults (2.6 – 5.4%) and three to five million children ages five to seventeen (5 – 9%) in the United States.
- Mental disorders are the leading cause of disability (lost years of productive life) in the North America, Europe and, increasingly, in the world. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.
- Mental illnesses strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.
- The best treatments for serious mental illnesses today are highly effective; between 60 and 80 percent of individuals have significant reduction of

- symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- Early identification and treatment is of vital importance; by getting people the treatment they need early, recovery is accelerated and the brain is protected from further harm related to the course of a mental illness.
 - Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.

*To find out more about specific illnesses visit the *By Illness* page: www.nami.org*

FACING THE CHALLENGES

Suggested Responses to Hesitant School Personnel

We may never have the ability to convince every teacher or every school to teach about mental illness. At some point we use our judgment to move on and concentrate on those schools or individuals who are ready to hear our important message. Below are some of the concerns we have heard raised by teachers in our outreach in Queens/Nassau, NY and the responses we suggest trying to counteract them.

SCHOOL CONCERN:

I am very busy and do not feel I have the time to meet with you. Can you send the material for me to review?

Suggested Response:

Our meeting can be as short as 15 minutes... I'd appreciate the time and I promise you will benefit from our meeting.

I would rather have the opportunity to meet with you personally so that I can highlight some additional program benefits that we can offer you: teacher trainings, classroom guest speakers and suggested mental health resources.

SCHOOL CONCERN:

Our emphasis is on academic excellence and we must keep up our standards of excellence.

Suggested Response:

You can get the most from all of your students if you have an emotionally healthy student body. Statistics show 1 in 10 children are affected by a mental illness, which is on average 2-3 kids in each classroom and no one is talking about it. The more young people are educated about mental illness, the earlier we can begin to help those that are being negatively affected by these diseases. Promoting mental illness education in your classroom encourages optimum educational performance and understanding.

SCHOOL CONCERN:

We are overwhelmed with mandates from the state... we just cannot add another subject to our curriculum.

Suggested Response:

These activities were especially designed to complement what you are teaching in your current mental health unit and can easily be linked with teaching other subjects:

- Reading Comprehension
- Vocabulary Building
- Math Concepts
- Social Studies
- Science

SCHOOL CONCERN:

I do not feel educated enough myself about mental illness to teach my students about it. I fear that they will ask questions I will not be able to answer.

Suggested Response:

The plans were written with just that fear in mind. They are user-friendly and include a scripted dialogue with basic information about mental illness. I would be glad to go over all of the materials with you.

SCHOOL CONCERN:

We cannot introduce new material into the classroom without first clearing it with our supervisor, principal and/or district director of curriculum.

Suggested Response:

I would be happy to meet with your school administrators to help stress the urgent need for mental illness education. If it would help, I can call them directly and arrange a meeting.

"Patience and perseverance have a magical effect before which difficulties disappear and obstacles vanish." John Quincy Adams

TEACHING THE TEACHERS

APPROACHING LOCAL COLLEGES & UNIVERSITIES

Approaching local Colleges and Universities is another way to enter the classroom. We have found professors and students to be very enthusiastic about BTS and a receptive audience. Reaching the next generation of educators will promote mental illness education in the schools of the future

Following are suggestions for reaching out to undergraduate and graduate students of education, social work, school psychology, guidance counselors and school nurses.

1. Call local College and University professors and/or heads of the following departments and set up a meeting:
 - School of Education
 - Health Education
 - School Psychologists
 - School Guidance Counselors
 - School of Social Work
 - School Nurses
2. Bring the lesson plans and explain about NAMI and our program.
3. Whenever possible leave extra brochures for the department to distribute.
4. Suggest introducing BTS as a guest speaker at a faculty meeting and/or in the classroom. (*Refer to p.24, Breaking the Silence Presentation*)
 - If invited to present to a class, suggest the class purchases BTS in preparation for your presentation. Most of the students will be able to use the teaching packets as they student teach and become professionals.
5. When presenting, include an actual lesson. Demonstrating BTS is a powerful motivator. If there is time, consider bringing a speaker (consumer or parent) who can put a human face on mental illness.
6. Leave time for questions and answers. Hand out brochures, NAMI pamphlets, and any other tools. Encourage ordering the lesson plans on line at www.btslessonplans.org.

BREAKING THE SILENCE PRESENTATION

MODEL PRESENTATION

Can be used for teacher and staff training or presentation for college students.

1. Write website on the board: www.btslessonplans.org
2. Distribute copies of “Test Your Knowledge” from HS plan. Ask students to complete the true/false questions.
3. Introduce yourself and explain your reason for being there: to dispel myths and misinformation about mental illness; to help us better understand the stigma surrounding these brain diseases.
4. Define some of the mental illnesses we are talking about we are talking about today. (See “Using the Right Word” in each lesson plan booklet.)
5. Go over “Test Your Knowledge” questions. Refer to answers in HS booklet, “Facts to Include” and “Impact of Stigma” section below.
6. Facts to Include: (*Refer to pp. 19-20, About Mental Illness*)
 - Mental illness is second only to heart disease as the leading cause of disease in this country and worldwide.
 - One in 5 people will experience a severe mental illness in their life .On average, 1 in 5 children in a class could be impacted by someone who suffers with a mental illness. AND NO ONE IS TALKING ABOUT IT. Students learn about AIDS, drug and alcohol abuse, cancer, diabetes etc... Many graduate from high school without ever having had one lesson on mental illness.
 - Of the top 10 causes of long-term disability in the United States, major depression leads the list.
 - Only 50% of children and adolescents who suffer from a mental illness will receive treatment. Those untreated may have diminished classroom performance and poor peer relationships. Early intervention is vital to healthy outcomes, both academically and emotionally.
7. Impact of Stigma:
 - Stigma presents significant obstacles to people getting treatment. Afraid to speak out about their illness or denying the symptoms, they may become permanently disabled and never seek treatment at all. In fact, according to the Surgeon General’s Report on mental illness in 2000, nearly two-thirds of all people with diagnosable mental disorders do not seek treatment.

- Insurance companies discriminate against people with mental illnesses, providing far less coverage for brain disorders than all other illnesses.
- Stigma leads to social isolation, shame, and guilt.
- Stigma often destroys family relationships. It puts tremendous strain on siblings, who often feel survivors guilt and/or anger, fear of getting the disorder, worry about the responsibility of becoming a caretaker later on in life, etc.
- Stigma can lead to victimization... the mentally ill are more likely to be a victim of violence than perpetuate it.

8. Let me tell you a personal story. (pp.28-30, *Personal Stories*)

9. Background

- Three teachers from Long Island, each of whom have a son with mental illness, decided that the silence and shame surrounding these brain diseases had to be broken. Janet Susin, Lorraine Kaplan and Louise Slater believed that the best way to eliminate stigma and bring about understanding about mental illness would be through education. And education was what they knew best! So they created *Breaking the Silence*, a set of three educational modules on three grade levels: upper elementary, middle school, and high school. The lessons meet national health educational standards and cost \$15.00 per package and \$40 for a complete set. (NAMI, who has sponsored the project, is a non-profit organization and uses the monies to pay for printing and related expenses.)

10. Goals

- To help students understand that mental illnesses are brain diseases that can be diagnosed and treated just like physical illnesses. Actually it is a physical illness as it involves the brain. It is biology, not a character flaw that causes mental illness.
- Make students aware of the role of stigma in adversely affecting the mentally ill. How the media perpetuates stigma with negative words and stereotypes. For example:
- Sit-coms, the newspapers and TV comedians, etc., all use stigmatizing words such as psycho, nutcase, crazies and present the stereotypical view of people with brain disorders as being dangerous, incapable, lazy.
- Learn to recognize the warning signs of mental illness, and where to go for help when needed.

When Presenting:

11. Display the packages and one by one go through the plans... showing the posters, game board for the Brain Game, word search, crossword puzzle

12. Explain that the lesson plans are user-friendly and can be easily taught by teachers who are unfamiliar with the material. They have scripted dialogue, list of resources and basic information about mental illness.
13. Explain that the lessons can be a one-day exercise or extended for a longer project.
14. Point out that all education is done on a continuum – building on simple skills to more complex. So our format and goals are identical, but the material becomes more involved as each level advances.
15. Read one of the stories (and/or sections of several others). Stress that the stories are very good for reading comprehension and vocabulary building.
16. Demonstrate the Brain Game. Divide the audience into 2 groups. If team A gets a correct answer, they get a Stigma Buster card. If they are wrong, they get a Stigma Promoter card.
17. Note that cross-curricular activities include Math, Social Studies, English composition, and word definitions. Related materials and places to go for help are all included in the final pages of the plans.
18. Allow time for Q&A.
19. Distribute and collect Presentation Evaluation
20. Recommend that these plans be used in the classroom. Give out brochures and ask the professor and students to give brochures to other educators.
21. End with a positive statement. For example: Each year through research and more sophisticated medical advances, there are better treatments for mental illness. Much more work has yet to be done. More progress will be made if we continue to educate our students. Let's continue to break the silence.

PERSONAL STORIES

You may want to use your own story or the following when presenting.

Lorraine's Story

Lorraine's son, Joel, was a bright, handsome, talented teenager. In High school he was on the debating team, the first trombonist in the jazz orchestra, on the wrestling team, and a scholarship winner.

As Lorraine tells it, in his senior year Joel's behavior drastically changed. My husband and I watched as Joel became obsessive, paranoid, and withdrawn. We sought professional help and eventually had to hospitalize him. When we met with the doctor in the hospital he said, "Your son has schizophrenia you will be walking on eggshells for the rest of your life. But I have some advice for you: DO NOT TELL ANYONE! The stigma surrounding this illness is so terrible that people will never look at him, your daughter and you in the same way."

As a result of this well meaning but dreadful advice, my husband and I told no one. We advised my 14-year-old daughter to keep silent as well. I taught in a school near a state mental hospital. Often a teacher would come into the lunchroom and say, "One more day like this and I will end up in that loony bin!" I wanted to cry out, "My child is in one of those hospitals!!"

I was in a carpool with three colleagues. Many a time on a Friday I would tell my friends that I had errands and drove myself. I was really going to the mental hospital to pick up my son for the weekend. We would take him back on Sunday evening, and on Monday I would get back into the carpool and try to act like all was fine. This created a tremendous level of stress and sadness; In fact, the silence led to feelings of shame and guilt and affected every member of our family.

I often think how wonderful it would have been if that doctor, so many years ago, had said to us, "Your son has schizophrenia. It is not an easy illness to treat, but there are medications to help. And there will be better ones coming along soon. In the meantime, live your lives as best you can; be supportive of your son, don't forget about you other child who needs attention and encouragement, and find a support group for you and your husband. Most of all do not be ashamed. This is an illness of the brain. It is a physical illness. It is no ones fault!"

After many years of silence, we found a wonderful organization, NAMI (National Alliance for the Mentally Ill), and became dedicated advocates. I now spend much of my time promoting lesson plans called "Breaking the Silence", which I helped to create. My goal is to teach as many students as possible that mental illnesses are brain diseases and treatable. I hope to break the silence and shame surrounding these illnesses.

Caasi's Story

Caasi always thought of herself as a "normal" kid, a good student, well mannered and having lots of friends. In her sophomore year of college there were a lot of changes. She broke up with a boyfriend who began stalking her. She began examining her life, seeking to improve herself and her environment.

She was becoming confused and overwhelmed. Her mind was jumping from one idea to another, thoughts were racing and she was talking incessantly. When she watched TV she was convinced that everything she watched was geared towards her. She was totally unaware that something was seriously wrong. Her housemates wanted to help but didn't know how.

Finally they called her parents and urged them to come immediately. They barely recognized her; their mild-mannered daughter was far from mild. They hurried her into the car and when her dad was stopped for speeding home the policeman saw how irrational she was and urged them to proceed without question. After stopping at several hospitals along the way her parents decided on Huntington Hospital, in her hometown. There she actually met a girl from her ninth grade English honors class.

Unfortunately the endless days and nights in the hospital were a nightmare. The medication administered and the sessions with the psychiatrist were making her worse. Against the doctor's wishes she was whisked out of the hospital as the psychiatrist sarcastically said, "Lots of luck."

After being misdiagnosed and overly medicated for 2 months, Caasi was finally diagnosed with manic-depressive illness through the combined consultation of two highly educated and extremely caring psychiatrists who continue to care for her today.

As a result of the fact that manic depression is so misunderstood, Caasi had been quiet about revealing her illness to others. Today Caasi is happily married and the proud mother of two very special girls. Caasi continues to share her story in classrooms across Long Island, in order to help break the silence about mental illness and educate as many people as possible about the truths and myths of living with a mental illness.

Janet's Story

Janet's son was the kind of student who is often ignored in a classroom. He was no real problem—likable, courteous, an above average student in elementary school, although an average to below average one in middle school and high school. He did enough work to get by, but often spaced out in the classroom. Where, his teachers wondered, did his mind go? He seemed bright enough, but couldn't seem to keep his mind on what was going on in class.

In 10th grade, although now a poor student, he was still able to shine in sports. My last recollection of those days was one crisp fall morning in November when he was put into a varsity football game at the last minute. Doug made the winning touchdown that day, and the coach was so excited that he gave him the football as a souvenir. A year later his days on the football field were over. Now he was in a psychiatric hospital, which called for a whole new brand of heroism.

Doug insisted that he had a brain tumor. Or maybe he was having a heart attack. The hospital labeled it a psychotic depression, but my husband and I were sure it was more than that. We picked up a book on schizophrenia and found our son on every page. But finding the right diagnosis proved to be a lot easier than finding the right medication. That literally took years.

How did his friends react to this? I can tell you they were terrified. I was a teacher in the school where my son was a student and saw how confused and frightened they were. First and foremost they felt responsible for whatever it was that was happening to Doug. A caring psychologist tried to reassure them that whatever they thought they had done, there were not responsible for their friend's illness. But what was wrong with him, they wanted to know?

That was a question no one was willing to answer. Confidentiality they said. So Doug's friends continued to be wracked with guilt, thinking that something they did or didn't do had caused their childhood friend to turn into an unreachable stranger. And I'm sure they thought that if it could happen to Doug, it could happen to them too.

Of all the things I remember clearly from those days, now fifteen distant years ago, I remember most my anger at the wall of silence, which went up around Doug and his illness. Some might call it a protective wall, but I call it the wall of ignorance. That is why when I had worked my way through the grief and pain of seeing the child I had once known so well vanish, I put educating students about mental illness at the top of my advocacy agenda.

EVALUATION & RECORDING

PRESENTATION EVALUATION

DATE: _____ PRESENTER: _____

SCHOOL: _____ COURSE: _____

We appreciate your taking the time to fill out this questionnaire. Your response is helpful in evaluating the effectiveness of our presentation.

On a scale of 1-5 please evaluate the following, 1 being the least effective and 5 being the most effective.

| | | | | | |
|--|---|---|---|---|---|
| Was the presenter knowledgeable? | 1 | 2 | 3 | 4 | 5 |
| Was the presenter able to answer questions? | 1 | 2 | 3 | 4 | 5 |
| Was the material interesting? | 1 | 2 | 3 | 4 | 5 |
| Did the presenter hold your interest? | 1 | 2 | 3 | 4 | 5 |
| Do you have a greater understanding of BTS? | 1 | 2 | 3 | 4 | 5 |
| Do you have a greater understanding of mental illness? | 1 | 2 | 3 | 4 | 5 |
| Did you find the presentation informative? | 1 | 2 | 3 | 4 | 5 |
| How confident are you in using the lesson plans? | 1 | 2 | 3 | 4 | 5 |

Would you consider purchasing BTS? YES/NO If no please explain.

Please comment on any of your responses above. Let us know if there are other topics of interest that we could address in the future; how we can improve our presentation; and any other suggestions. Thank you.

SCHOOL OUTREACH FORM

To be completed by all volunteers and forwarded to the Project Coordinator.

- DATE: _____
- NAMI AFFILIATE: _____
- REPRESENTATIVE / VOLUNTEER: _____
- SCHOOL DISTRICT: _____
 - School _____
 - Grade level _____
 - Address _____
 - _____
- SCHOOL CONTACT:
 - Name _____
 - Position _____
 - Telephone _____
 - Email _____
- COMMENTS:

SAMPLE LETTER

NAMI Q/N conducted a survey of mental illness education. Tthe following letter and survey was used.

Dear Health Educator:

I am writing to ask you to participate in a brief survey to determine what is being taught about mental illness in schools in Nassau and Suffolk counties.

Mental illness strikes **one out of ten** of our children under eighteen, but according to the Surgeon General **less than one in five receive** treatment. Most of our young people know little about the signs and symptoms of symptoms of mental illness and that illnesses like major depression, obsessive-compulsive disorder, bipolar disorder, and schizophrenia can be successfully treated. Moreover, stigma keeps many from seeking out the help they need to recover.

The National Alliance for the Mentally Ill (NAMI) Queens/Nassau chapter and the Mental Health Association (MHA) of Nassau County have joined forces to educate students about mental illness through our "Breaking the Silence" education project. Our goal is to combat the shame and ignorance surrounding mental illness that keeps so many of our children and adolescents from getting the help they need. We are also dedicated to promoting greater tolerance toward people with mental illness and educating the next generation about our responsibility as a society to provide needed treatment and support.

As part of this effort we want to compile information about what is actually being taught about mental illness in Long Island schools. You may already have received a call asking you to participate in our survey. If you were unable to do so at the time, please take a moment to fill out the survey now. Whether you do a lot, a little, or nothing at all in your classes, we need this information so that we can determine how best to meet your needs.

Thank you in advance for taking the time to respond to this survey.

Sincerely yours,

Janet Susin
Project Director
Breaking the Silence

MENTAL ILLNESS EDUCATION SURVEY

Name/Position: _____ Phone Number: _____

School & Grade: _____

1. Do you teach about mental illness in your curriculum? (Circle) YES NO
If NO, why not?

2. Please check which topics you include in your teaching?

- Major Depression
- Suicide
- Anxiety Disorders (OCD, Post Traumatic Stress and Panic Disorder)
- Schizophrenia
- Bipolar Disorder (Manic Depression)
- ADD/ADHD
- Eating Disorders
- Other (explain)

3. About how much time a semester do you devote to mental illness education per class?

- No Time
- One Day *(Indicate)* Total Minutes/Hour(s) Spent _____
- 0-5 Days *(Indicate)* Total Minutes/Hour(s) Spent _____
- 6-10 Days *(Indicate)* Total Minutes/Hour(s) Spent _____
- Over 10 Days *(Indicate)* Total Minutes/Hour(s) Spent _____

4. If less than 225 minutes (5/45 minute classes), why?

- Not A Mandated Subject
- Not Interested in the Subject
- Uncomfortable &/or Unfamiliar with the Subject
- Other (*Explain*)

5. What teaching materials do you currently use? (Circle) Internet Video Speakers
Community Resources Other (Specify)

6. Are you familiar with your community mental health organizations and the services they provide?
(Circle) YES NO If so, which ones?

7. Are you familiar with BTS (Circle) YES NO

8. If YES, do you use it? (Circle) YES NO

9. If you are familiar with BTS but don't use it, why not? (*Explain on the reverse side*)

10. Is mental illness discussed/integrated into other curriculums? (Circle) YES NO
(Circle) Language Arts Social Studies Science Character Ed. Other (Specify)

11. Would you like us to send you information about "Breaking the Silence"?

Please make any additional comments below or on the reverse side. Thank you.

APPENDIX

SUPPLEMENTARY INFORMATION ABOUT BTS

BTS PARTNERSHIPS

- Established a corporate sponsorship with J&B Restaurant Partners, Inc., owners of all 31 Long Island Friendly's, 2003-2005
- Raised funds May-June 2003 with collection canisters placed in all LI Friendly's supporting BTS and mental illness education
- Working with Adelphi University, Garden City, NY to evaluate the Tool Kit, 2004
- Set up a volunteer retired teacher-training program to have educators bring BTS into the schools, 2003
- Developed a BTS Tool Kit to assist affiliates and other groups with educational outreach nationwide, 2003-2004
- Partnered with School mental Health Alliance, a division of Long Island Jewish Schneider Children's Hospital and Zucker Hillside Hospital, Lake Success, NY with support of Forrest labs to send professional staff into the schools to do mental illness education, 1999-2000
- Joined with the Mental Health Association of Nassau County, Hempstead, NY to promote mental illness education in the schools. BTS continues to receive funding for this ongoing effort

BTS FUNDING

- \$39,828 grant from the W. K. Kellogg Foundation to provide ongoing support and training for advocates doing school outreach using "Breaking the Silence", January 2005
- \$40,000 grant from the American Psychiatric Foundation for developing and promoting a training manual to encourage the use of BTS., January, 2004
- \$13,000 grant from Nassau County Office of Mental Health for printing, December, 2003
- \$1,500 a year from NYS Assemblyman, Tom DiNapoli since 1998
- \$14,000, Mental Health Association of Nassau County for school outreach, 2000-2003
- \$15,000 grant from Nassau County Office of Mental Health for printing, 2001
- \$33,000 grant from NYS Office of Mental Health via NAMI-NYS. Made BTS available free of charge to all health teachers, guidance counselors, social workers, psychologists, schools nurses, and elementary school principals during school year 2000-2001.
- \$70,000 to West Glenn Communications from NAMI for partnership with NAMI Queens/Nassau in lesson plans development, 1998.
- \$11,000 education grant from NYS Office of Mental Health via NAMI-NYS.
- \$13,000 from Berk Foundation for printing, 1995

- \$11,000 education grant from NYS Office of Mental Health via NAMI-NYS, 1994
- \$5,000 Grass Seeds Grant from NAMI-NYS, 1991
- \$2,500 Grass Seeds Grant from NAMI, 1991

BTS RECOGNITION

- Recognized by the Easter Seals Foundation for leadership in combating the stigma of mental illness, January 2003.
- Recognized by the Union of American Hebrew Congregations, which is adding BTS as a resource in their study guide.
- Received outstanding public education awards from NAMI-NYS, 2000.
- Received honorary citations from the NY State Senate and Nassau County Legislature.

BTS PROMOTION

- Visibility through a corporate sponsorship with J&B Restaurant Partners, owners of LI Friendly's:
 - WOR national radio interview, June 1, 2003
 - Long Island Business News, March 23-29, 2003
 - Crain's Health Pulse, June 2, 2003
- Set up our website, visit us at www.btslessonplans.org, 2000
- Articles in Newsday, Anton Publications, NY City Voices, NY State Psychiatric Bulletin, The Journal News, NAMI newsletters and publications, Communiqué; the Newspaper of the National Association of School Psychologists, School Nurse News and Teaching Tolerance.
- Appeared on the Emmy Award nominated cable program, "The God Squad", March 2001.
- Received orders both large and small from 43 states, as well as parts of Canada, Japan, Australia, Armenia, Ireland and the Virgin Islands.
- Received orders both large and small from 43 states, as well as parts of Canada, Japan, Australia, Armenia, Ireland and the Virgin Islands.
- Partnered with Jessica Lynch, Miss NY State 2003, to promote BTS. Jessica has added BTS to her platform that addresses depression and teen suicide. Her story will be featured in the next elementary school and high school editions of BTS, 2003-2004
- Established an ongoing relationship with the National Mental Health Awareness Campaign. Ross Szabo, Youth Spokesperson for the Campaign has joined us in presenting to high school students and staff, 2002-2003.
- Sent a mailing to school districts that received funding from the Safe Schools Healthy Students Program, 2002.

BTS SCHOOL OUTREACH

- Introduced BTS to the next generation of educators by presenting to Long Island, NY local colleges and universities: Adelphi University, CW Post, Dowling College, Molloy College and Hofstra University.
- Surveyed all Long Island schools to determine what they teach about mental illness and if they are currently using BTS. 2003

BTS PRESENTATIONS

- Feb. 2005, NYU Child Study Center
- Sept. 2004, NAMI National Convention
- 2004, Brandeis University National Women's Committee
- April 2003 , American Alliance for Health Physical Education and Dance, "Destigmatizing Mental Illness"
- March 2003, Adelphi University, Partnerships in Health Conference, " Breaking the Silence: Integrating Mental Illness Education into the Health Class"
- Nov.2003, Long Island Parent Education Network, Save Our Kids Task Force
- 2003, South Shore Anti Bias Consortium, Rockville Center, LI
- 2002, Huntington March for Mental Illness, the Picnic for Parity, Nassau County Health Council of Administrators meetings, BOCES Comprehensive School Health and Wellness meetings, Superintendent Day Conferences, School Nurse conferences and Clubhouse of Suffolk
- 2002, Philadelphia, Sixth National Conference on Advancing Schools Based Mental Health Programs
- 2001 Center for Mental Health Services, Baltimore, National Mental Health Symposium to Address Discrimination and Stigma
- 2001 NAMI National Conference "Destigmatizing Mental Illness Through the Schools", a panel discussion
- 2000, NAMI state conferences in New York, New Jersey, Georgia and Tennessee.
- Nationwide conferences presented by NAMI affiliates

WHAT THEY'RE SAYING

Mental Health Agencies

Today's children and adolescents are tomorrow's opinion leaders and decision makers. In Alabama, we recognize the value of educating these young people using accurate, scientific information regarding the facts about mental illness. We found the 'Breaking the Silence' curricula to be up-to-date, science-based teaching tools, which provide age-appropriate information in a manner that will motivate kids to learn and to understand mental illnesses as biological brain disorders no different from other physical illnesses. We salute NAMI Queens/Nassau for their outstanding efforts and for taking the initiative to develop such quality educational materials.

Melanie Beasley, Director of Public Information and Community Relations,
Alabama Department of Mental Health and Mental Retardation

I recently had the opportunity to learn about NAMI's educational project 'Breaking the Silence'. For many years we have spoken about ways of reducing and eliminating the public's negative perception about mental illness and aggressively attacking the various sources of stigma in our schools. If we can change the perception of our children, we can hope for more tolerant and understanding adults.

Howard Sovronsky, A.C.S.W., Commissioner of Nassau County Department of
Mental Health, Mental Retardation and Developmental Disabilities

I believe that the "Breaking the Silence" curriculum has the potential for enormous positive impact on the way persons with mental illness are regarded and treated. This material addresses stigma head-on as a problem in human relationships. Broad scale dissemination of BTS throughout the State and Nation merits the support of public officials and community leaders. It is an indispensable component in any school's good citizenship/anti-violence tool kit. The School Mental Health Alliance has been honored to work with NAMI to bring this program to local schools.

Rose Starr, DSW, Director of Policy and Research, School Mental Health Alliance,
North Shore-Long Island Jewish Health System

The Mental Health Association of Nassau County strongly supports the age-appropriate lesson plans developed by NAMI. There is no better way to educate our society about mental illnesses than to teach our children. We encourage all

school educators to utilize this valuable tool to break the silence about mental illnesses

Shelley Steiger, RCSW, Director of Training and Education, Mental Health Association, Nassau County

“Breaking the Silence” is fundamental to NAMI Tennessee. It is our primary tool to increase knowledge and reduce stigma. We are hoping to be able to bring this program to every Tennessee school. We believe it will greatly improve the ability to recognize and appropriately respond to the mental health needs of children at school.

Roger Stewart, Director of Education, NAMI Tennessee

Our Health Department has identified ‘untreatable mental illness and depression’ as the number one health concern in our county. Our community assessment team which identified this need also identified several interventions to address the issue- one was continuing education of school personnel. We formed a committee to review the ‘Breaking the Silence’ materials. The committee included representatives from our Children and Adolescent Services, Public Health Nurses, an adult consumer and the parent of a consumer. We also reviewed the comments made by over 90 teachers in New York who had used the materials. The consensus was that these materials were an excellent resource for classroom teachers responsible for teaching a unit on mental health. At various teacher events, we have made the materials available for review –and they have been enthusiastically received.

Carol Stolte, MBA, Mental Health Coordinator, Dupage Mental Health Services, Illinois

Teachers

I just finished teaching the middle school version of ‘Breaking the Silence’ for the second time this year. It’s one of the best lesson plans I’ve come across. My students were very interested and it stimulated many good questions and discussions. I believe they are now a gang of ‘Stigma Busters’.

Carol Andre, Berner Middle School Health Teacher, Massapequa, N.Y.

I used the plans as part of a 4 week unit on mental health. The material complemented my lessons and we spent a lot of time on discussion questions concerning teenagers and mental health. The exercises in the plans are structured to fit right in with most health books.

Bob Kaye, Wheatley High School Health Teacher, Old Westbury, N.Y.

The packet is an excellent resource. I used your earlier guide, with success, but think the new one is even more effective. Student response was very positive.

Judy Beers, Mendon High School Health Teacher, Pittsford, N.Y.

I really liked the whole package. I shared them with my fellow teachers and they also enjoyed them. I have used mine already and will use it again in the fall. I would like, if possible, an elementary package to share with my daughter's school. Thanks.

Charlene Patapow, Henninger High School Health Teacher, Syracuse, N.Y.

This is fantastic. Very creative and interesting ways of teaching difficult material.

Kelly Green, West Middle School Health Teacher, Binghamton, N.Y.

The program has helped to de-stigmatize mental illness. Students now speak more openly about issues affecting themselves, family and friends. With the aid of these lessons, the students have come to understand that mental illness can affect anyone and that there is hope and help.

Jane Callaghan, Great Neck South Health Teacher, Great Neck, N.Y.

Donna Weikman, a High School Health Teacher in Bethpage, New York, recounted her rewarding experience with the material:

Following a discussion based on one of the "Breaking the Silence" activities, Ms. Weikman was approached by a student. The girl's father had left home years ago and the mother was raising the young girl by herself. As a result of the "Breaking the Silence" lesson, the student realized that her mother might be seriously ill. With Ms. Weikman's help, she got the courage to convince her mother to seek medical treatment. Her mother was later diagnosed with schizophrenia.

Peter Fitzpatrick, a Middle School Health Teacher in Hicksville, New York called excitedly to report:

As a result of the "Brain Game" and discussions surrounding the lessons, his class has become sensitive to stigmatizing terminology. In fact, if someone in the class dares to say "crazy" when referring to someone, the class yells out in response, "STIGMA PROMOTER!" Peter also reported that his class is now very open -- not guarded or fearful about the subject of mental illness.

"One of the biggest pluses of the program is that the kids now view and talk about mental illness with the same ease and sensitivity as cancer or heart disease."

For more testimonials see BTS website: www.btslessonplans.org

**Breaking the Silence: Teacher Evaluations of the
NAMI-New York State
School Education Program on Mental Illness
February 2002**

Amy L. Wood
Otto F. Wahl
George Mason University

Summary

Overall, the findings from the teacher evaluations indicate strongly positive appraisal of the *Breaking the Silence* (BTS) educational package. Teachers who tried the program in their classrooms indicated that they believed the program to be a useful and effective means of educating students about mental illness and dispelling myths and stereotypes. Almost all (94%) expressed intentions to continue use of the curriculum in the future. These results suggest, then, that the BTS program has considerable promise for education of children about mental illnesses.

NAMI Queens / Nassau

1983 Marcus Ave. Lake Success, NY 11042 516-326-0791 www.btslessonplans.org

Contact: Amy Lax
516-759-1082

FOR IMMEDIATE RELEASE

THE NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI) IS “*BREAKING THE SILENCE*” IN OUR CLASSROOMS

School Curriculum Developed To Fight the Image of Mental Illness

Lake Success, N.Y.- January 2002 - Although mental illness affects one in five children in every classroom, there is a deafening silence about it in our classrooms.

“*Breaking the Silence*” – classroom lesson plans developed by NAMI Queens / Nassau to destigmatize mental illness are available nationwide, grades 4 –12. The curriculum meets national health education standards and fulfills the Safe Schools Against Violence in Education Act (S.A.V.E.) promoting tolerance, anti bullying and character development.

“Mental illness is one of the leading causes of disability in this country. These lessons, which teach the warning signs of mental illness, should be part of every child’s education,” explained James Stone, M.S.W. Commissioner, NYS Office of Mental Health.

Students learn:

- It is biology not a character flaw that causes mental illness
- It is treatable
- How to fight the stigma surrounding these brain disorders
- What the warning signs are

The materials are easy to use:

- No prior knowledge about mental illness required
- Fully scripted lessons, posters, games and activities included

--more--

- Interactive materials promote classroom discussions

“Mental illness, one of the least understood and discussed topics in classrooms today, is linked to many other social problems such as teen suicide, alcohol use, and school violence,” states co-author and teacher, Janet Susin who added, “With a better understanding of mental illness, these innovative lesson plans designed for upper elementary, middle and high school may reduce the incidence of these problems.”

Schools familiar with the new program are recognizing the need and importance of educating young people using accurate, age appropriate, scientific material. Middle school teacher Peter Fitzpatrick from Hicksville, NY, said, “One of the biggest pluses of the program is that kids now view and talk about mental illness with the same ease and sensitivity as cancer or heart disease.”

Each lesson plan with board game or poster is available for \$12.50 or \$35.00 for all three, elementary, middle and high school. NAMI is a non-profit, grassroots, self-help, support and advocacy organization of consumers, families and friends of people with mental illness. For further information contact NAMI Queens / Nassau at 516-326-0797.

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RESOURCES

WEBSITES

American Academy of Child and Adolescent Psychology
www.aacap.org

American Foundation for Suicide Prevention
www.afsp.org

American Psychiatric Association
www.psych.org

Mental Health Awareness Campaign
www.nostigma.org

National Alliance for the Mentally Ill
www.nami.org

National Conference of State Legislatures
www.ncsl.org

National Institute for Mental Health
www.nimh.nih.gov

National Mental Health Association
www.nmha.org

EXPERTS IN STIGMA

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